

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PU030197

First Named Inventor

Jill MacDonald Boyce et al.

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VIDEO ENCODER WITH LOW COMPLEXITY NOISE REDUCTION

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/485,891	July 9, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	Thomson Licensing Inc.		
Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	(609-734-6834)	(609) 734 -6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name JILL MACDONALD

Family Name BOYCE
or Surname

Inventor's Signature

Jill MacDonald Boyce

Date

5/18/04

Residence: City

MANALAPAN

State

NEW JERSEY

Country

US

Citizenship

US

Mailing Address

Mailing Address 3 Brandywine Court

City

Manalapan

State

New Jersey

ZIP

07726

Country

US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

JOAN

Family Name LLACH
or Surname

Inventor's Signature

Joan Llach

Date

5/18/04

Residence: City

PRINCETON

State

NEW JERSEY

Country

US

Citizenship

SPAIN

Mailing Address

Mailing Address 25 C Chestnut Court

City

Princeton

State

New Jersey

ZIP

08540

Country

US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number			
	Filing Date	Herewith		
	First Named Inventor	Jill MacDonald Boyce, et al.		
	Title			
	Art Unit			
	Examiner Name			
	Attorney Docket Number	PU030197		

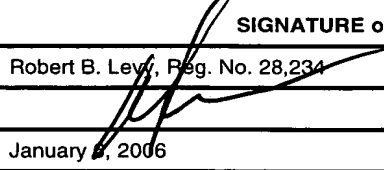
I hereby appoint:	
<input checked="" type="checkbox"/> Practitioners at Customer Number	Customer Number 24498
OR	
<input type="checkbox"/> Practitioner(s) named below:	
Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:	
<input type="checkbox"/> The above-mentioned Customer Number:	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>
OR	
<input type="checkbox"/> The address associated with Customer Number:	
OR	

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6820	Fax	609-734-6888		

I am the:	
<input type="checkbox"/> Applicant/Inventor.	
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>	

SIGNATURE of Applicant or Assignee of Record	
Name	Robert B. Levy, Reg. No. 28,234
Signature	
Date	January 6, 2006
Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of 3 forms are submitted.
--

**POWER OF ATTORNEY
THOMSON LICENSING**

We,

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540


a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:



Julian Waldron
President

**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

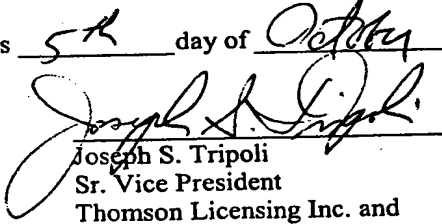
does hereby grant

Joseph J. Laks - Vice President
Harvey D. Fried - Sr. Patent Counsel/Manager
Ronald H. Kurdyla - Sr. Patent Counsel/Manager
Robert D. Shedd - Sr. Patent Counsel/Manager
Robert B. Levy - Sr. Patent Counsel/Manager
Frank Y. Liao - Sr. Patent Counsel/Manager
Reitseng Lin - Sr. Patent Counsel
Christine Johnson - Sr. Patent Counsel
Guy H. Eriksen - Sr. Patent Counsel
Catherine A. Ferguson - Sr. Patent Counsel
Joseph J. Kolodka - Sr. Patent Counsel
Kuniyuki Akiyama - Sr. Patent Counsel
Paul P. Kiel - Sr. Patent Counsel
Jeffrey M. Navon - Sr. Patent Counsel
Joel M. Fogelson - Sr. Patent Counsel
Joseph J. Opalach - Sr. Patent Counsel
Sammy S. Henig - Sr. Patent Counsel
Patricia A. Verlangieri - Sr. Patent Counsel
Jorge Tony Villabon - Patent Counsel
Vincent E. Duffy - Patent Counsel
Richard LaPeruta - Patent Counsel
Francis A. Davenport - Sr. Patent Agent
William A. Lagoni - Patent Agent
Brian J. Cromarty - Patent Agent
Ronald Kolczynski - Member Patent Staff
Michael A. Pugel - Patent Agent
*Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 5th day of October, 2005.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

David J. Fournier